

Nelson, Deidre

From: Morse, Sherry
Sent: Monday, October 27, 2008 8:36 AM
To: GMB-QRA-ComplianceAgreement
Subject: Response for Compliance Agreement

E-mail notification for survey response

Survey Title: Compliance Agreement

Respondent Unique Key: INQ-20081027073503-1231175006 Response Date: Mon, Oct 27, 2008 07:36:27

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(Customer Name)
{Enter text answer}
[Cornerstone Hospital of Huntington]

[*]
By checking this box, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.
{Choose if appropriate}

DEA Number of Customer:
{Enter text answer}
[BC9465990]

Full Name of Person Completing Form:
{Enter text answer}
[Michael Jay Starcher]

Title of Person Completing Form:
{Enter text answer}
[Pharmacist In-Charge]

Howenstein, Kim

From: Morse, Sherry
Sent: Monday, October 27, 2008 8:35 AM
To: GMB-QRA-AD-Hospitals
Subject: Response for SCS-P Hospitals & Surgery Centers

E-mail notification for survey response

Survey Title: SCS-P Hospitals & Surgery Centers Respondent Unique Key:
INQ-20081027070509-1050631761 Response Date: Mon, Oct 27, 2008 07:35:03

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1. Are you a current or new customer?

{Choose one}

(*) Current

() New

2. Your Name:

{Enter text answer}

[Michael Starcher]

3. Your Title:

{Enter text answer}

[Pharmacist In-Charge]

4. Hospital/Surgery Center's Name:

{Enter text answer}

[Cornerstone Hospital of Huntington]

Address:

{Enter text answer}

[2900 1st Ave 2 East]

Phone number(s):

{Enter text answer}

[304-399-2632]

Website:

{Enter text answer}

[CHGHospitals.com]

Fax:

{Enter text answer}

[304-399-2698]

5. Primary DEA #:

{Enter text answer}

[BC9465990]

6. Is the facility name different than the corporate name?

{Choose one}

() Yes

(*) No

7. Has the pharmacy ever operated under a different name?

{Choose one}

() Yes

(*) No

8. Is your hospital a member of a national account or hospital system?

{Choose one}

(*) Yes

() No

Name of account/system:

{Enter text answer}

[Cornerstone Healthcare Group]

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9. Ownership type:

{Choose one}

() Sole proprietor

() Non-Profit corporation

(*) For-Profit corporation

() Partnership

() Other []

Please indicate state of incorporation:

{Enter text answer}

[Texas]

Name 1:

{Enter text answer}

[Mike Brohm]

Title 1:

{Enter text answer}

[President]

Name 2:

{Enter text answer}

[Ken McGee]

Title 2:

{Enter text answer}

[Vice President]

Title 3:

{Enter text answer}

[CFO]

Name 3:

{Enter text answer}

[Wells Shane]

Title 4:

{Enter text answer}

[CEO]

Name 4:

{Enter text answer}

[Dan Dunmyer]

11. List all names, addresses, and DEA Numbers for those pharmacies (that receive controlled substances) operated by the Hospital/Surgery Centers. If you prefer to send this information via an electronic document, please send an email with this information to QRAHospitals@cardinalhealth.com. Please clearly specify the DEA Number in the Subject line so that QRA can associate the document with your organization.

{Enter answer in paragraph form}

[Cornerstone Hospital of Huntington - 2900 1st Ave 2 East, Huntington, WV 25702 BC9465990]

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1. Have any of the pharmacies operated by the Hospitals/Surgery-Centers ever had a DEA registration, or state board of pharmacy permit, or state controlled substance permit suspended, revoked or disciplined?

{Choose one}

() Yes

(*) No

2. Have any of the Pharmacists-in-Charge (PIC's) that have worked in your pharmacies ever had their state license(s) suspended, revoked or disciplined?

{Choose one}

() Yes

(*) No

Primary Distributor:

{Enter text answer}

[Cardinal Health]

Secondary Distributor(s) (if any):

{Enter text answer}

[none]

Direct from Manufacturer (if any):

{Enter text answer}

[novartis - flu shot]

% from Cardinal Health:

{Enter text answer}

[99]

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2. Does your organization fill new prescriptions or sell pharmaceuticals via the internet?

{Choose one}

() Yes

(*) No

3. Does the pharmacy utilize the services of a 3rd party provider or Management Group?

{Choose one}

() Yes

(*) No

Written Prescriber Order

{Enter text answer}

[100]

Electronic Prescriber Order

{Enter text answer}

[0]

Fax

{Enter text answer}

[0]

Phone

{Enter text answer}

[0]

Other

{Enter text answer}

[0]

5. Do you do any transactions outside of the patient bill?

{Choose one}

() Yes

(*) No

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1. What products do the pharmacies in the Hospitals/Surgery-Centers expect to purchase from Cardinal Health? Please indicate what percentages of these products are injectable controlled substances orders. (check all that apply)?

{Choose all that apply}

(*) OTC

(*) Prescription

(*) Controlled Substances

() Listed Chemicals

() Other []

% (of scrip) injectables

{Enter text answer}

[17]

% of non-injectables

{Enter text answer}

[83]

1.

{Enter text answer}

[oxazepam 10mg caps]

2.

{Enter text answer}

[hydrocodone/apap 2.5-167mg/5ml]

3.

{Enter text answer}

[Zaleplon 5mg caps]

4.

{Enter text answer}

[clonazepam 0.5mg tabs]

5.

{Enter text answer}

[lorazepam 1mg tabs]

3. Please check which of these products you order and indicate the number of dosage units per facility per month.

{Choose all that apply}

(*) Hydrocodone

(*) Alprazolam

(*) Oxycodone

dosing units/Facility/month

{Enter text answer}

[300]

dosing units/Facility/month

{Enter text answer}

[210]

dosing units/Facility/month

{Enter text answer}

[270]

Daily

{Enter text answer}

[26]

or Monthly

{Enter text answer}

[780]

Controlled Substances
{Enter text answer}
[13]

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5. What is your average daily census (ADC)?
{Enter text answer}
[24]

What is your average surgery cases/month?
{Enter text answer}
[0]

6. Do you provide specialty services/scope of care for any of the following?
{Choose all that apply}
() Oncology
() Hospice
() Pain Management Clinic
(*) Other (please specify): [LTAC]

7. Do you anticipate an increase or decrease in utilization or change in specialized services offered?
{Choose one}
() Yes
(*) No

8. What is the usual procurement pattern for controlled substances?
{Choose one}
(*) Daily as needed
() Weekly as needed
() Monthly as needed

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2. Statistical Analysis--Please describe any on-going analysis/comparison of usage, orders and inventory flow.
{Enter answer in paragraph form}
[We track our usage on a monthly basis]

3. Systems--Please describe systems that support order management, inventory control, and any other system that controls/monitors/tracks usage and supply chain.
{Enter answer in paragraph form}
[We utilize Omni-Cell dispensing cabinets and HMS to track our usage of controlled substances and review their usage daily]

4. Organization--Provide names of key personnel for Cardinal Health contact about Anti-Diversion activities.
{Enter answer in paragraph form}
[Mike Starcher - Pharmacist In-Charge]

5. Which method of communication is preferred?
{Choose one}
() Fax #:
() Email:
(*) Phone #:

Fax #:
{Enter text answer}
[304-399-2698]

Email:
{Enter text answer}
[mjstarcher@chghospitals.com]

Phone #:

{Enter text answer}

[304-399-2632]